

## Itemized Receipt Request Form

Please submit your completed & signed form to the [Itemized Receipt Dropbox](#).

Student Financial Services will apply a \$4.00 processing fee on your account for an Itemized Receipt request.

You will be notified by email within 1-3 business days once the charge has been applied on your account.

**Name:** \_\_\_\_\_

**ID Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Semester:** \_\_\_\_\_

**Amount Paid:** \_\_\_\_\_

**I** [requestor name] state and affirm that Student Financial Services will apply a \$4.00 processing fee on my account for an Itemized Receipt request. My payment must be paid in full to receive the itemized receipt.

Requestor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

***For CSUDH Student Financial Services Office Use Only***

**Payment Received:** Yes    No

**Itemized Receipt completed and sent to requestor:** Yes    No

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_